

Health Occupations Credentialing

Name ~ Address Change

For individuals holding certification, licensure or registration

Please complete this form and submit a copy of identification with your current name.

Approved documentation: Marriage license, divorce decree, social security card or driver's license with your **current name**

Mail: KDADS HOC
612 S Kansas Ave
Topeka KS 66603

FAX: 785.296.3075
CERTIFICATION HOLDERS
LICENSURE/REGISTRATION HOLDERS

Email:
tabetha.mojica@ks.gov
wendy.davis@ks.gov

Social Security #: _____ Birthday: _____ Sex: M___ F___

Name: _____
Last First Middle

Previous Name: _____

Current Mailing Address: _____
City/State Zip

Phone Number: (H) _____ (C) _____ (W) _____

Email: _____

Credential Number: _____	Administrator
_____ SLP	_____ Audiologist
_____ Dietitian	_____ Operator

I hereby attest the information provided on this form and attachments are accurate to the best of my knowledge.

Signature: _____ Date: _____

***Certification holders:** A printable verification of your certification to verify your new name can be obtained at www.ksnurseaidregistry.org

****Licensure/Registration holders:** A printable verification of your credential to verify your new name can be obtained at www.kdadslicenseverification.org